

UNITED STATES DISTRICT COURT **FILED**

NORTHERN

District of

CALIFORNIA

2008 MAY 19 A 10:34

John Gabor and Kay Gabor
Plaintiffs

v.
USA, MUCASEY; AOUSDC, SCHARF;
BERKMAN, BURTON VOLKMANN &
SCHMAL, LLP; SCHMAL; SABIN;
SOLOMON; MIYASHIRO; GARCIA;
and DOES 1-100

Defendants

ADR

RICHARD W. WIEKING
SUMMONS IN A CIVIL ACTION
U.S. DISTRICT COURT
NO. DIST. OF C.A. S.J.

CASE NUMBER:

C07 06091 PVT

RMW

TO: (Name and address of Defendant)

D. Miyashiro
USDC Clerk's Office
280 S. First Street
San Jose, CA. 94113

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

John Gabor and Kay Gabor
590 Smokey Court
Campbell, CA. 95008-3717

an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

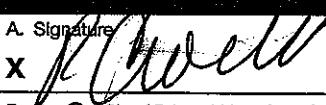
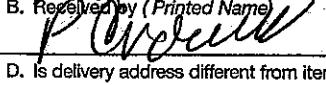
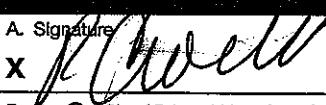
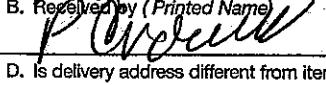
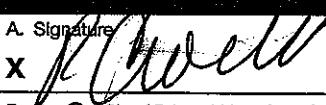
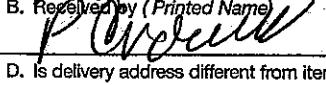
DEC 03 2007

RICHARD W. WIEKING

CLERK

(By) DEPUTY CLERK

Tiffany Salinas-Harwell

RETURN OF SERVICE																				
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	March 17, 2008																		
NAME OF SERVER (PRINT) John McGoldrick	TITLE	SERVER																		
Check one box below to indicate appropriate method of service																				
<input type="checkbox"/> Served personally upon the defendant. Place where served: <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: <input type="checkbox"/> Returned unexecuted: <input checked="" type="checkbox"/> Other (specify): Defendant D. Miyashiro served at 280 S. First Street, San Jose, Ca. 95113 by Certified mail# 7007 0220 0001 9000 7876																				
STATEMENT OF SERVICE FEES																				
TRAVEL	SERVICES	TOTAL \$100.00																		
DECLARATION OF SERVER																				
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.																				
Executed on <u>March 17, 2008</u> Date	 <u>7737 Fair Oaks Blvd. #212</u> <u>Camel Ca. 95608-1705</u> <u>Address of Server</u>																			
SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p><i>Office of USDC Clerk Clerk D Miyashiro 280 S. First Street San Jose CA 95113</i></p>																				
COMPLETE THIS SECTION ON DELIVERY <table border="1" style="width: 100%;"> <tr> <td colspan="2">A. Signature </td> <td><input type="checkbox"/> Agent</td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/> X</td> <td><input type="checkbox"/> Addressee</td> </tr> <tr> <td colspan="2">B. Received by (Printed Name) </td> <td>C. Date of Delivery <u>3/17/08</u></td> </tr> <tr> <td colspan="3">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> <tr> <td colspan="3"> 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </td> </tr> <tr> <td colspan="3">4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</td> </tr> </table>			A. Signature 		<input type="checkbox"/> Agent	<input checked="" type="checkbox"/> X		<input type="checkbox"/> Addressee	B. Received by (Printed Name) 		C. Date of Delivery <u>3/17/08</u>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No			3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.			4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
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2. Article Number (Transfer from service label)	7007 0220 0001 9000 7876																			